

Resource Provided by Altarum's Program to Improve Eldercare

## Ensuring Accessible, Healthy, and Affordable Housing for the Elderly

Many more elders now struggle to afford their housing than did just ten years ago, but the programs that serve their needs have shrunk. Older adults turning 65 in this decade will be even more burdened by housing costs, and the number of homeless over 65 is predicted to double between 2017 and 2030.<sup>1,2</sup> Still, our health care and long-term care are becoming more expensive—crowding out rent, mortgages, and upkeep in monthly household budgets. Fewer financial and caregiving resources can come from this generation's families, which are generally smaller and more distant.

The housing options available do not meet our needs. Unable to find or afford appropriate options, more elders will be inadequately housed or require added assistance with rent, relocation, and repairs. More elders will be sleeping outside—within a decade—unless the joint costs of health, housing, and personal assistance are brought way down (or retirement income rises substantially). The result will be more challenging caregiving and costlier institutional settings for care.

Generating housing stock appropriate for the population takes years, so we need to start now. Residences must become more safe and accessible; programs must generate affordable housing and provide counseling and in-home services; and we must leverage housing as a health care setting by embedding population health teams in seniors' housing arrangements.

These steps will help everyone from the middle-class couple to the impoverished single widower to plan more predictably for retirement and to fulfill or prevent future long-term care needs—and to do so by staying active and healthy in whatever type of housing arrangement suits them.

### Understanding Barriers to Providing Housing for the Elderly

1. By 2035, 17 million elderly adult households will have at least one person with a mobility disability.<sup>3</sup> At least 10 million more will be unable to accomplish regular household activities. These elders' independence may hinge on small adaptations in the home and its furnishings, for example, to repair stairs and widen doorways.
2. A 2010 AARP survey found that 88% of respondents age 65 or older agreed with the statement "What I'd really like to do is stay in my current residence for as long as possible." Yet just 39% of homes lived in by that age group are potentially modifiable for living with a disability.<sup>4</sup>

1 Marcia Fernald, ed., "Housing America's Older Adults 2019" (Joint Center for Housing Studies of Harvard University, October 2019), [https://www.jchs.harvard.edu/sites/default/files/Harvard\\_JCHS\\_Housing\\_Americas\\_Older\\_Adults\\_2019.pdf](https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Housing_Americas_Older_Adults_2019.pdf), pp. 9-10.

2 Dennis Culhane et al., "The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?" (University of Pennsylvania Actionable Intelligence for Social Policy, January 2019), <https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf>.

3 "Projections and Implications for Housing a Growing Population: Older Households 2015-2035." Joint Center for Housing Studies of Harvard University, December 13, 2016. [https://www.jchs.harvard.edu/sites/default/files/harvard\\_jchs\\_housing\\_growing\\_population\\_2016.pdf](https://www.jchs.harvard.edu/sites/default/files/harvard_jchs_housing_growing_population_2016.pdf).

4 Sewin Chan and Ingrid Gould Ellen, "Housing for an Aging Population," *Housing Policy Debate* 27, no. 2 (March 4, 2017): 167-92, <https://doi.org/10.1080/10511482.2016.1184696>, Table 6.



3. Without changes, 60% of the middle-class elderly will be unable to afford both a home and supportive services by 2029,<sup>5</sup> leaving those in need of supportive services to live in crowded homes with family members, in institutions or shelters, in tents or vehicles, or on the street. The homeless population over age 65 is projected to double or even triple by 2030 from their numbers in 2017, based on trends from major urban cities.<sup>6</sup>
4. As the aged population grows rapidly, housing unaffordability and barriers to living independently in their existing homes combine to drive the growing prevalence of the homeless elderly. The portion of elderly households faced with severe rent burden or severely inadequate housing rose 26% from 2013 to 2015. By 2015, 1,853,000 elderly households faced these severe pressures.<sup>7</sup>
5. When elderly adults with mobility disabilities do afford to change residences, they seldom end up in wheelchair-accessible housing (just 2% do). Three-quarters of them—76%—end up in housing that is unsuitable even for “moderate” mobility difficulties,<sup>8</sup> though disability often worsens over time for this group.
6. Moving into unsuitable housing reflects the fact that most U.S. housing is inaccessible by design. Only 1% of current housing stock in the U.S. has the basic elements of disability living: no-step entrances, single floor living, and wide enough hallways and doorways for wheelchairs.<sup>9</sup>
7. Developers haven’t been constructing housing to meet homebuyers’ eventual needs: while 60% of houses built in 2000 will eventually have at least one disabled resident,<sup>10</sup> just 5% of homes built from 2000 through 2011 were suitable for moderate disability.<sup>11</sup>
8. Modest improvements to existing homes and apartments, usually costing less than \$3,000, can dramatically improve safety and appropriateness for elders living there; but funds for this work are quite scarce.<sup>12</sup>

## Initiating Strategies to Support Housing for the Elderly

### ***Make residents’ future accessibility needs a design priority for new and existing housing.***

- ▲ Cities and counties can lead by requiring new and renovated housing structures to have the basic features of accessibility (called a visitability ordinance).<sup>13</sup>
- ▲ U.S. Housing and Urban Development (HUD) generates accessible housing, by construction and management subsidies and rent assistance to elders. Efforts are underfunded: the “Section 202” Supportive Housing for the Elderly program reaches 400,000 very-low-income elders—less

5 Caroline F. Pearson et al., “The Forgotten Middle: Many Middle-Income Seniors Will Have Insufficient Resources For Housing And Health Care,” *Health Affairs* 38, no. 5 (April 24, 2019), <https://doi.org/10.1377/hlthaff.2018.05233>, p. 886.

6 Culhane et al., “The Emerging Crisis of Aged Homelessness.”

7 “Worst Case Housing Needs 2017,” Report to Congress (Washington, D.C.: U.S. Department of Housing and Urban Development, August 2017), <https://www.huduser.gov/portal/sites/default/files/pdf/Worst-Case-Housing-Needs.pdf>. Growth calculated as percent change between 1,471 and 1,853.

8 Chan and Ellen, “Housing for an Aging Population,” p. 16.

9 “Projections and Implications for Housing a Growing Population: Older Households 2015-2035,” p. 9.

10 Stanley K. Smith, Stefan Rayer, and Eleanor A. Smith, “Aging and Disability: Implications for the Housing Industry and Housing Policy in the United States,” *Journal of the American Planning Association* 74, no. 3 (July 30, 2008): 289–306, <https://doi.org/10.1080/01944360802197132>.

11 Chan and Ellen, “Housing for an Aging Population,” p. 6.

12 Sarah L. Szanton et al., “CAPABLE Bundle Payment Model: Community Aging in Place—Advancing Better Living for Elders,” October 2018, [https://aspe.hhs.gov/system/files/pdf/255731/CAPABLE\\_PTAC\\_Proposal\\_20181030.pdf](https://aspe.hhs.gov/system/files/pdf/255731/CAPABLE_PTAC_Proposal_20181030.pdf).

13 Jordana L. Maisel and Molly Ranahan, “Visitability,” *Whole Building Design Guide*, October 30, 2017, <https://www.wbdg.org/resources/visitability>.



than a quarter of the number with severe housing inadequacy or rent burden.<sup>14, 15</sup>

- ▲ Zoning and building codes should allow subdividing existing homes and encourage building accessory homes or additions. These arrangements allow the elderly person to be “on her own” while also having access to a caregiver.<sup>16</sup> Where zoning allows such flexibility, home sharing programs result in companionship, rental revenue and sometimes help with daily activities such as meals. An elderly person can rent a room to a younger person or can apply as a home-sharer and move in with a family.
- ▲ Homeowners spent \$400 billion on home improvements in 2017—half of that by households age 55 or older. Financial incentives from health insurers and under federal tax law could encourage remodeling projects that increase accessibility, thus allowing dignified aging in place while reducing the risk of falls and of needing costly long-term care.<sup>17, 18, 19</sup>
- ▲ Conservatively, if tax incentives redirected just 5% of age-55+ home-improvement spending toward aging-focused modifications, the changes would prompt \$10 billion of lasting investment in the accessibility of the existing housing stock—each year!
- ▲ The HCBS Infrastructure Improvement Act, a federal bill, would fund state efforts to incentivize development and renovations to generate accessible and affordable housing options, supporting existing need for personal care and delaying future care needs.<sup>20</sup>

### **Target social and medical services through housing programs.**

- ▲ In-home supportive service needs can be met by on-site services or service coordinators. Seniors living near other seniors benefit from co-located supportive services, as demonstrated under New York’s NORC-SSP model.<sup>21</sup>
- ▲ In seniors’ own homes, the SASH population health model in Vermont demonstrated Medicare and Medicaid cost-savings from embedding a team—community health workers and wellness nurses—to serve elders in publicly assisted housing and the surrounding neighborhood. SASH assesses the needs of the whole person: accessibility needs, health needs including falls prevention, medication management, and transitions of care, and SASH has proven to reduce chronic conditions.<sup>22</sup>

14 Linda Couch, “Section 202: Supportive Housing for the Elderly,” 2017 Advocates’ Guide (Washington, DC: LeadingAge, May 2017), <https://www.leadingage.org/sites/default/files/202%20Primer.pdf>.

15 “Worst Case Housing Needs 2017.”

16 Andrew Scharlach, “Creating Aging-Friendly Communities in the United States,” *Ageing International* 37, no. 1 (March 2012): 25–38, <https://doi.org/10.1007/s12126-011-9140-1>, p. 29.

17 Howard Gleckman, “How Providing Social Supports And Care Coordination May Lower Medical Costs For Seniors Living At Home,” Blog, Forbes, August 7, 2019, <https://www.forbes.com/sites/howardgleckman/2019/08/07/how-providing-social-supports-and-care-coordination-may-lower-medical-costs-for-seniors-living-at-home/>.

18 Paying for Senior Care. “Home Modifications for the Elderly: Loans, Grants & Financial Aid,” April 2, 2020. <https://www.payingforseniorcare.com/home-modifications/how-to-pay-for-home-mods>.

19 Smith, Rayer, and Smith, “Aging and Disability: Implications for the Housing Industry & Housing Policy in the United States.”

20 “Text - S.3277: HCBS Infrastructure Improvement Act,” legislation, Congress.Gov, February 12, 2020, 2019/2020 <https://www.congress.gov/bill/116th-congress/senate-bill/3277/text#idBAAB76257D5947F4993A534D03CBFE6F>.

21 Scharlach, “Creating Aging-Friendly Communities in the United States,” p. 33.

22 Amy Kandilov et al., “Support And Services at Home (SASH) Evaluation: SASH Evaluation Findings, 2010-2016” (U.S. Health and Human Services, July 2019), <https://aspe.hhs.gov/system/files/pdf/262071/SASH5.pdf>.



- ▲ Recently, and building on SASH’s success, U.S. HUD has piloted supportive services in housing for the elderly, with housing-based services including chronic disease management, socialization programs, medication management, and transitional care assistance (upon a resident’s return from the hospital or post-hospital care).<sup>23</sup> To become a practical alternative to nursing home placement for low-income frail elders, the program should expand with new funding, with a focus on the adaptations needed in diverse communities. Similar housing-with-services models can improve the physical accessibility of the home and maintain health or function for elders not currently eligible for HUD support.<sup>24</sup>
- ▲ Health care insurers and providers are partnering with housing and services programs and senior housing facilities to reduce the total costs of delivering high-value care to their patients. Exemplary partnerships for housing-based population health include the Housing and Medicaid Services Pilot Program in Indianapolis,<sup>25</sup> the Connect4Life care model in New Jersey,<sup>26</sup> and Oregon’s Housing with Services, LLC.<sup>27</sup>
- ▲ These health partnerships rely on commitments from partners that are accountable for the quality and total cost of care for their participants or residents, prompted by new payment and contracting models. For programs serving frail elderly people, flexible but accountable models must be fostered in the Medicare and Medicaid programs, and then enabled by complementary initiatives and policy flexibility elsewhere (e.g. by HUD). More flexibility – like cutting red tape that hinders information sharing among business, non-profits, and government programs – could enable many more housing-related programs.<sup>28</sup>

### ***Directly address the housing affordability challenge for the elderly.***

- ▲ Rent assistance programs, like the federal Section 8 Project-Based Rental Assistance and vouchers, aid elders who are at risk of homelessness or are homeless. Despite eligibility being made more targeted by law since 2014,<sup>29</sup> recent years have still seen proposed funding cuts in the face of growing need.<sup>30</sup> Targeted enrollment counseling for the nation’s frail and homeless elders has considerable cost-savings due to reduced medical use. The most conservative savings estimates suggest governments could recoup half of the targeted intervention’s costs by reducing medical spending, and less-conservative estimates forecast the government recovering more than 100% of the housing intervention’s cost.<sup>31</sup>

23 Alisha Sanders et al., “Exploring Financing Options for Services in Affordable Senior Housing Communities” (UMass Boston, April 2019), [http://www.ltsscenter.org/reports/Financing\\_Services\\_in\\_Affordable\\_Senior\\_Housing\\_FULL\\_REPORT.pdf](http://www.ltsscenter.org/reports/Financing_Services_in_Affordable_Senior_Housing_FULL_REPORT.pdf).

24 Homelessness Policy Research Institute, “Outcomes in Single-Site and Scattered-Site Permanent Supportive Housing,” USC Price Center for Social Innovation, April 1, 2019, <https://socialinnovation.usc.edu/wp-content/uploads/2019/04/Scattered-vs.-Single-Site-PSH-Literature-Review.pdf>.

25 NIHCM Foundation. “Social Determinants of Health: Technology and Workforce Approaches,” January 27, 2020. <https://www.nihcm.org/events/recent-events/event/social-determinants-of-health-technology-and-workforce-approaches>.

26 Senior Housing News. “How Juniper’s Care Model Could Save Medicare \$15 Billion Annually,” September 24, 2017. <https://seniorhousingnews.com/2017/09/24/junipers-care-model-save-medicare-15-billion-annually/>.

27 “Housing with Services Evaluation - Executive Summary and Report.” Institute on Aging, Portland State University, October 2016. <https://www.oregon.gov/oha/HPA/ANALYTICS/Evaluation%20docs/Housing%20with%20Services%20Evaluation%20-%20Executive%20Summary%20and%20Report.pdf>.

28 Sanders et al., “Exploring Financing Options for Services in Affordable Senior Housing Communities,” pp. 13-24.

29 Couch, “Section 202: Supportive Housing for the Elderly.”

30 “President’s Budget Calls for Drastic Cuts to Affordable Housing,” National Low Income Housing Coalition, February 13, 2018, <https://nlihc.org/resource/presidents-budget-calls-drastic-cuts-affordable-housing>.

31 Culhane et al., “The Emerging Crisis of Aged Homelessness.”



- ▲ State legislators should increase funding to repair housing for the elderly. For example, weatherizing low-income homes improves health (avoiding asthma emergencies, malnutrition, sleep loss, and carbon dioxide poisoning) with savings opportunities for health and social services programs.<sup>32</sup>
- ▲ Generate trustworthy educational programs to advise older adults as they approach retirement about the financial plans, accessibility renovations, and service needs associated with old age. These would encourage early investments by individuals and better use of public programs. Still, individual actions can stem growing housing challenges only if options in their local community allow it: in each American locality, we must extend affordable accessible housing, housing-plus-service setups, and smart tax credits and rent assistance.<sup>33</sup>

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32 Bruce Tonn et al., “Health and Household-Related Benefits Attributable to the Weatherization Assistance Program” (Oak Ridge National Laboratory, September 2014), [https://weatherization.ornl.gov/wp-content/uploads/pdf/WAPRetroEvalFinalReports/ORNL\\_TM-2014\\_345.pdf](https://weatherization.ornl.gov/wp-content/uploads/pdf/WAPRetroEvalFinalReports/ORNL_TM-2014_345.pdf).

33 “Projections and Implications for Housing a Growing Population: Older Households 2015-2035,” pp. 12-13.

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